

STRATEGIC PLAN  
ADDICTIVE AND MENTAL DISORDERS DIVISION  
January 2007

Attached is AMDD's Strategic Plan for Fiscal Years 2006-09. It has been updated for the current biennium and also includes new goals and objectives for the coming biennium. This plan includes these major goals:

- Develop increased access to and quality of services
- Increase stakeholder input (consumer, family and provider)
- Increase the use of technology for planning and treatment purposes
- Strengthen treatment capability at both community and facility based settings
- Provide appropriate staffing at MSH, MCDC and MMHNCC for individuals with acute care needs
- Implement best practices that are consumer driven and recovery based
- Provide easy and effective service linkages from community to facility to community in response to individual needs
- Develop a new way of providing services to mentally ill offenders

In the past year AMDD staff worked with stakeholders and other government groups to determine how our goals fit with President Bush's New Freedom Commission goals. Those goals are:

1. Americans understand that mental health is essential to overall health.
2. Mental health care is consumer and family driven.
3. Disparities in mental health services are eliminated.
4. Early mental health screening, assessment and referral to services are common practice.
5. Excellent mental health care is delivered and research is accelerated.
6. Technology is used to access mental health care and information.

Underlying the New Freedom Commission goals is a belief that every person who has mental illness can recover. Recovery will mean different things to different people - but all individuals with mental illness must be able to access services that will help them realize their personal health and life goals.

While this plan is not presented in the New Freedom Commission goals format, all the goals and objectives listed do fit one or more of the NFC goals. In the coming biennium, we intend to continue to work with stakeholders to define the NFC goals in Montana terms, and to present future plans in that way.



**DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES**  
**ADDICTIVE & MENTAL DISORDERS DIVISION**  
**DIVISION ADMINISTRATION**

## **CONTACTS**

The contacts for information regarding the Mental Health Services Bureau are:

| <u>Title</u>            | <u>Name</u>         | <u>Phone Number</u> | <u>E-mail address</u>                                |
|-------------------------|---------------------|---------------------|--|
| Division Administrator  | Joyce De Cunzo      | 444-3969            | <a href="mailto:jdecunzo@mt.gov">jdecunzo@mt.gov</a> |
| Deputy Administrator    | Bob Mullen          | 444-3518            | <a href="mailto:bmullen@mt.gov">bmullen@mt.gov</a>   |
| Chief Financial Officer | Bob Mullen (acting) | 444-3518            | <a href="mailto:bmullen@mt.gov">bmullen@mt.gov</a>   |

## **WHAT THE PROGRAM DOES**

The division provides chemical dependency and mental health services by contracting with behavioral health providers through Montana. It also provides services through three inpatient facilities: the Montana State Hospital at Warm Springs, Montana Chemical Dependency Center in Butte, and Montana Mental Health Nursing Care Center in Lewistown.

## **STATUTORY AUTHORITY**

TITLE 46. CRIMINAL PROCEDURE

TITLE 53. SOCIAL SERVICES AND INSTITUTIONS

CHAPTER 21. MENTALLY ILL

CHAPTER 24. ALCOHOLISM & DRUG DEPENDENCE

P.L. 102-321, CFR

Part C, Title XIX of the Social Security Act

## **HOW SERVICES ARE PROVIDED**

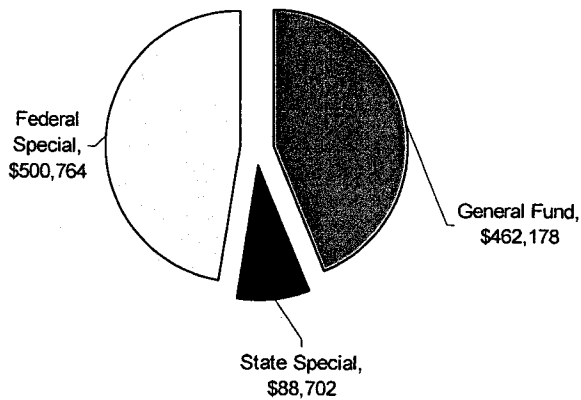
The division administration office includes central office support staff, the deputy administrator, administrator, and the operations bureau. This function has a staff of 13.0 FTE.

- The operations bureau provides information services, program reporting, data management, contract management, procurement, and budget development for the division.
- The deputy administrator is responsible for the supervision of the managers of the three AMDD state facilities and manages special projects assigned by the administrator.
- The division administrator is directly responsible to the department's director and deputy director and is tasked with managing the division in accordance with state law, planning, and implementing policy direction as defined by the department director. The administrator directly supervises the chemical dependency bureau chief, the mental health services bureau chief, the chief of the operations bureau, the deputy administrator and the office manager.

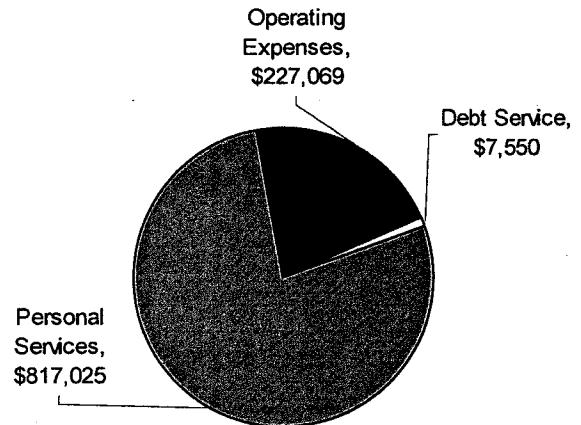
## Spending and Funding Information

The following figures show funding and expenditure information for FY 2006 for all sources of funding of the Division Administration. Because the figures include all sources of funding there are no direct relationships between these figures and appropriation levels presented in the Budget Analysis for the 2007 Biennium.

**FY 2006 Funding**

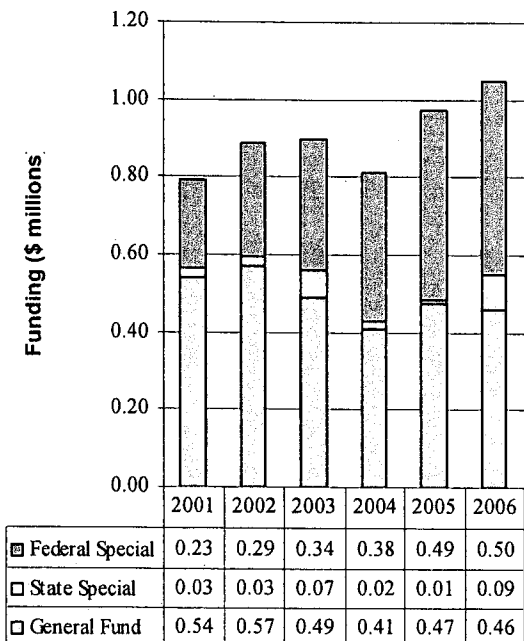


**FY 2006 First Level Expenditures**

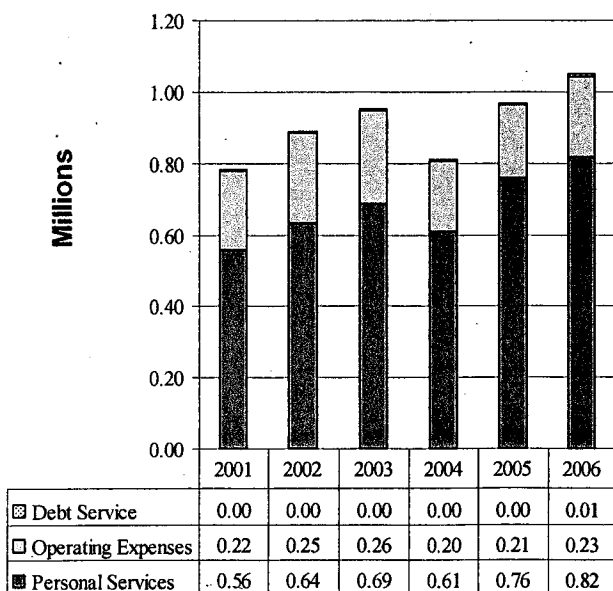


The following figures show funding and expenditures from FY 2001 through FY 2006, for HB2 funding. There were no administrative appropriations.

**Historical Funding**



**HISTORICAL EXPENDITURES**



# 2007 BIENNIUM NEW PROGRAM IMPLEMENTATION AND PROGRAM EXPANSION

## Program Expansion

There were no program expansions or major policy changes from the 2005 legislative session.

## FTE

There were no additional FTEs in the previous legislative session. A modified Behavioral Health Program Facilitator FTE was added in SFY 2006. This 1.0 FTE is continued in the 2009 Biennium request.

| 2007 Biennium<br>FTE Hire Dates | FTE | Date |
|---------------------------------|-----|------|
| NONE                            |     |      |

## CORRECTIVE ACTION PLANS

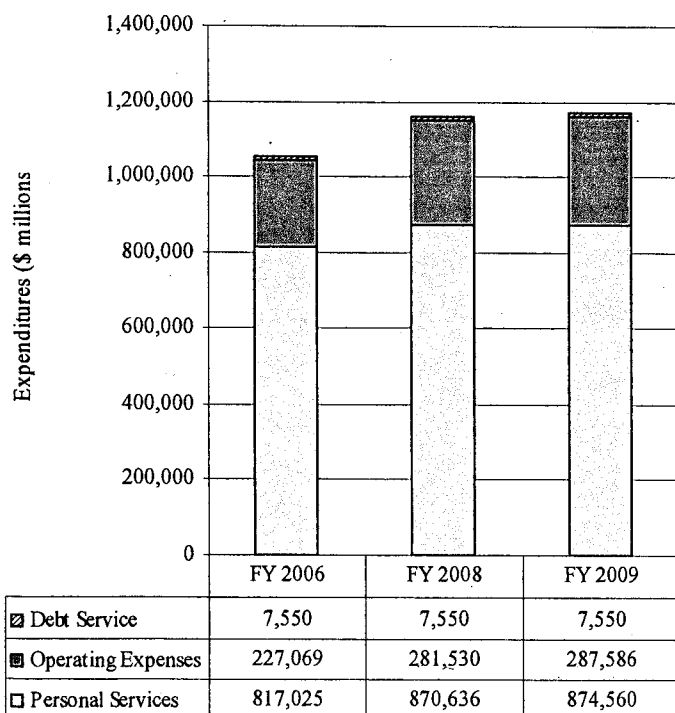
### Legislative Audit – 2005 Biennium

There were no audit recommendations resulting from the legislative and federal audit of the 2005 biennium for this program.

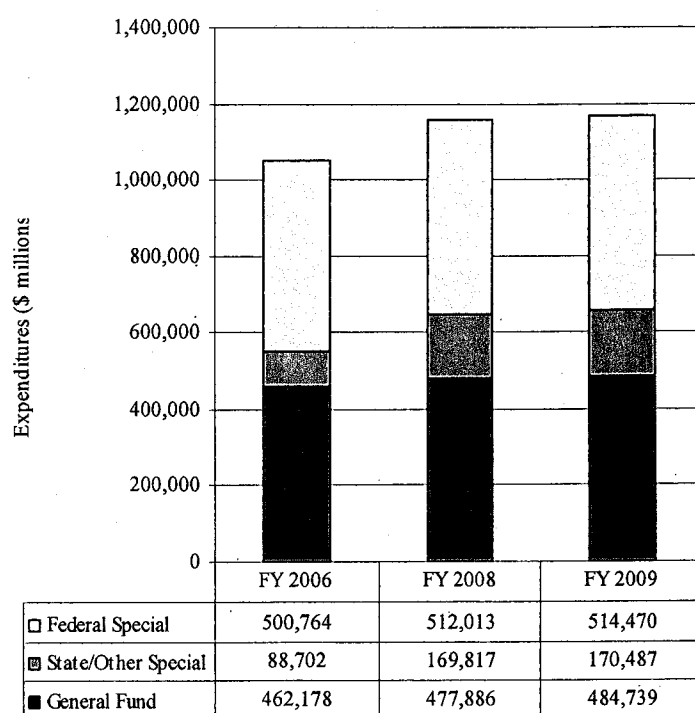
## 2009 BIENNIUM BUDGET

The following figures show the proposed HB 2 budget for the 2009 biennium.

**DPHHS - AMDD - Division Administration  
2009 Biennium HB 2 Budget  
First Level Expenditures**



**DPHHS - AMDD - Division Administration  
2009 Biennium HB 2 Budget  
Funding**



## Goals and Measurable Objectives

The following figure shows the department base year and budgeted biennium goals and performance measures that are associated with the proposed 2009 biennium HB 2 budget.

| Goal   | Measurable Objectives  |
|--|--|
| Joint planning and evaluation of services for mentally ill offenders occurs between Departments of Corrections and Health and Human Services | By 2008, create a final draft of a joint strategic plan for the delivery of services; identify administrative barriers that may prevent development of a shared budget; create a shared budget for collaborative diversion and or reentry projects or pilot programs; identify other funding sources.  |
| Communication between the two departments is clear, consistent and reaches to all levels of staff and programs                               | By 2008, there will be routine and consistent reporting between the Corrections Advisory Council and the Mental Health Oversight and Advisory Council; all continuing education and training on behavioral health issues will be cross promoted and attended by staff from both departments; process and outcome data points have been jointly defined, collected and analyzed to evaluate service impacts |
| To create consistent evidence based treatment methods across systems   | By 2009, align treatment methods utilized by clinicians, when appropriate, between DOC and DPHHS   |

## BUDGET AND POLICY ISSUES

The following budget or policy issues are included in the Governor's Budget:

PL 33101 – Operations Present Law Adjustments

NP 33104 – Behavioral Health Program Facilitator

## SIGNIFICANT ISSUES EXPANDED

In 2006 the Departments of Corrections and Health and Human Services jointly hired the state's first Behavioral Health Program Facilitator to act as a liaison between these two culturally diverse departments. This position has been created to assist the movement of offenders through the criminal justice, mental health and substance abuse treatment systems; facilitate communication between the DOC and DPHHS, and to ensure the lasting, systemic change policymakers will need to improve upon initial cooperative efforts, begin to collaborate and, ultimately, enter into partnerships. To date the departments have completed the following major activities:

- Hired a joint FTE
- Held more than 15 joint meetings
- Created a joint program at Montana Chemical Dependency Center to address the substance abuse treatment needs of offenders, including a signed Memorandum of Understanding
- Developed a program overview for the Secure Treatment and Examination Program (STEP), including a signed Memorandum of Understanding
- Begun planning for a specialized training curriculum for Probation and Parole Officers
- Begun formal communications between the two Department's advisory councils

## AMDD Strategic Plan - SFY 2005 - SFY 2009

|  |   | Target Date | Target Date | Status   |
|--|---|-------------|-------------|--|
| 1. Increase Capacity and Quality of Community Services |   | FY 06-07    | FY 08-09    |  |
| 1.1  | Fund pilot projects for community crisis intervention services        | 2007        |             | Complete – AMDD funded 6 projects  |
| 1.2  | Conduct statewide survey of community crisis plans                    | 2007        |             | In process   |
| 1.3  | Develop community crisis services with presumptive eligibility        |             | 2008        | EPP request - DP 33407 Fund 72 hour community crisis support   |
| 1.4  | Develop HCBS/MI waiver program  | 2007        |             | Complete - Implement January 2007<br>Funding provided in 2005 session<br>EPP Present Law request 33414             |
| 1.5  | Increase number of PACT slots (140 - 350)                             | 2006/07     |             | Mostly completed –teams are still adding clients<br>Funding provided in 2005 session                               |
| 1.6  | Expand use of ICBR beds   | 2006/07     |             | Mostly completed – one group home closed<br>which took 8 beds away from system<br>Funding provided in 2005 session |
| 1.6  | Develop peer support services   |             | 2008        | EPP request - DP 33410   |
| 1.7  | Implement wrap-around support services for MSH discharges             |             | 2008        | EPP request - DP 33410   |
| 1.8  | Provide staff to help consumers link to community services            |             | 2008        | EPP request - DP 33410   |
| 1.9  | Develop strategies to increase MH professionals in state              |             | 2008        | EPP request - DP 33410   |
| 1.10   | Develop provider capacity for illness management services             | 2007        |             | Included in new HCBS waiver program<br>Funding provided in 2005 session  |
| 1.11   | Develop specialized services for DD/MI diagnosed individuals          | 2007        |             | Not completed  |
| 1.12   | Fully develop co-occurring service delivery system                    |             | 2009        | In progress  |
| 1.13   | Define & develop CD regional services expansion                       |             | 2008        | EPP request - DP 33203   |
| 1.14   | Develop HIFA waiver   | 2006/07     |             | Waiver submitted, responding to CMS questions  |
| 1.15   | Provider support of DBT, co-occurring, strength-based case management | 2007        |             | Complete – extensive training provided to<br>service providers   |
| 1.16   | Review use of non-evidence-based services                             |             | 2009        |  |
| 1.17   | Increase use of evidence-based services                               |             | 2009        |  |
| 1.18   | Complete development and support of 3 CITs                            | 2008        |             | Training well established by private sector,<br>several teams trained in state                                     |
| 1.19   | Outlier review for long-term stays in group/foster care               |             | 2009        |  |
| 1.20   | Use performance outcome measures for every program                    |             | 2009        |  |





| <b>AMDD Strategic Plan - SFY 2005 - SFY 2009</b>                |  | <b>Target Date<br/>FY 06-07</b> | <b>Target Date<br/>FY 08-09</b> | <b>Status</b>  |
|---|--|---------------------------------|---------------------------------|--|
| 1.21  | Draft new rules for CD residential services                          |                                 | 2008                            |  |
| 1.22  | Assess Minor in Possession program to comply with state mandate      |                                 | 2009                            |  |
| 1.23  | Update Assessment Course and Treatment curriculum (CD)               |                                 | 2009                            |  |
| 1.24  | Provide TA to providers to implement meth best clinical practices    |                                 | 2008                            | In progress  |
| 1.25  | Continue support activities for specified MH services (i.e.DBT, ACT) |                                 | 2008/09                         |  |
| 1.26  | Implement HIFA waiver  |                                 | 2008                            | Waiting for CMS approval   |
| 1.27  | Re-procure contracts for MHSP services                               |                                 | 2008                            |  |
| 1.28  | Increase reimbursement rate for community psychiatric services       | 2006/07                         |                                 | Complete<br>Funding provided in 2005 session   |
| <b>2. Increase Stakeholder Input</b>                            |  |                                 |                                 |  |
| 2.1   | Develop at least 3 Service Area Authorities (SAA)                    |                                 | 2008                            | Completed in 2006  |
| 2.2   | Align MHOAC to be state-wide executive SAA committee                 | 2007                            |                                 | Goal changed to include representatives of each SAA and 3 KMAs - completed               |
| 2.3.  | AMDD staff meet with each LAC at least 1xyear                        | 2007                            |                                 | Complete – AMDD field staff meet regularly with each Local Advisory Council in the state |
| 2.4   | Convene focus groups to review all new service development           | 2007                            | 2008/09                         | Goal changed – will use SAAs and AMDD field staff to review/monitor all new services     |
| <b>3. Develop Appropriate Staffing Levels for Division Work</b> |  |                                 |                                 |  |
| 3.1   | Five field-based FTE in FY06-07                                      | 2006                            |                                 | Complete 3 staff in 2006, 2 more in 2007<br>Funding provided in 2005 session             |
| 3.2   | Two program managers Mental Health Services Bureau                   |                                 |                                 |  |
|   | ➤ HIFA/HCBS program officer  |                                 | 2008                            |  |
|   | ➤ Co-occurring development program officer                           | 2007                            |                                 | Not completed  |
| 3.3.  | One Quality Improvement officer                                      | 2007                            |                                 | Not completed  |
| 3.4   | One Budget Analyst   | 2007                            |                                 | Not completed  |
| 3.5   | One Data Analyst   | 2007                            |                                 | Complete January 2007<br>EPP request DP 33413 modified FTE                               |
| <b>4. Develop and Implement Necessary Data Systems</b>          |  |                                 |                                 |  |
| 4.1   | TIER fully-operational   | 2007                            |                                 | Initial implementation complete – still developing programs at MSH                       |



| <b>AMDD Strategic Plan - SFY 2005 - SFY 2009</b> |   | <b>Target Date</b> | <b>Target Date</b> | <b>Status</b>   |
|--|---|--------------------|--------------------|---|
|  |   | <b>FY 06-07</b>    | <b>FY 08-09</b>    |   |
| 4.2  | SAMS operational  |                    | 2009               | In progress   |
| 4.3  | Develop electronic treatment plan for mental health   |                    |                    |   |
| 4.4  | Implement reporting of recovery markers in mental health centers and chemical dependency services |                    | 2008/09            |   |
| 4.5  | Define DIG data sets that assist with program development   |                    | 2008               |   |
| 5.   | <b>Increase treatment capability at Montana State Hospital</b>                                    |                    |                    |   |
| 5.1  | Decrease census to funded capacity  | 2007               |                    | Not able to achieve; average daily census increased in 2007       |
| 5.2  | Increase and improve active treatment   |                    |                    |   |
|  | ➤ Improve co-occurring services   | 2007               |                    | In progress   |
|  | ➤ Increase skill development activities   |                    |                    |   |
|  | ➤ Increase peer support activities  | 2007               |                    | Complete  |
|  | ➤ Increase staff psychiatrists to a 1:16 ratio (adds 6 psychiatrists)                             | 2007               |                    | Unable to achieve   |
|  | ➤ Increase salaries of nurses and professional staff  | 2007               |                    | Complete for nursing staff and psychiatric technicians            |
|  | ➤ Train staff in reduction of violence, seclusion and restraint                                   | 2007               |                    | Complete  |
|  | ➤ Increase coordination with community providers  |                    |                    | Funding provided in 2005 session                                  |
| 5.3  | Increase coordination with community providers  |                    |                    |   |
|  | ➤ Study development of off-campus transition group care   | 2006               |                    | Not completed   |
|  | ➤ Determine use of field staff for community transition   | 2006/07            |                    | Field staff engaged in community planning for discharged patients |
|  | ➤ Study feasibility of out-sourcing MSH social work staff   | 2007               |                    | Not completed   |
| 5.4  | Provide improved control of admissions  |                    |                    |   |
|  | ➤ Implement pre-admission screening   | 2006               |                    | Unable to complete, legislation failed                            |
| 5.5  | Increase staff to meet treatment/safety needs   | 2007               |                    | Complete  |
| 5.6  | Increase evening and weekend treatment activities over 2005                                       |                    | 2009               | EPP request DP 33503 modified FTE                                 |
| 5.7  | Maintain seclusion/restraint events at or below national average                                  |                    | 2009               |   |
| 5.8  | Reduce incidents of violence against staff and other patients                                     |                    | 2009               |   |
| 5.9  | Improve training opportunities for staff  |                    | 2009               |   |



| <b>AMDD Strategic Plan - SFY 2005 - SFY 2009</b>                |  | <b>Target Date</b><br>FY 06-07 | <b>Target Date</b><br>FY 08-09 | <b>Status</b>   |
|---|--|--------------------------------|--------------------------------|---|
| 5.10  | Reduce staff and patient non-violent injuries                        |                                | 2009                           |   |
| <b>6. Develop and Implement Strategies for Stigma Reduction</b> |  |                                |                                |   |
| ➤   | Participate with MMHA in funding PSAs                                | 2006                           |                                | Complete  |
| ➤   | Research grant opportunities   |                                | 2009                           |   |
| <b>7. Clearly Understand Population to be Served</b>            |  |                                |                                |   |
| 7.1   | Conduct prevalence study of SDMI population                          | 2007                           |                                | Complete  |
| 7.2   | Conduct review of all facility admitted/discharged individuals       | 2007                           |                                | In progress – Legislative Audit Division                                    |
| <b>8. Stabilize Staffing and Treatment at MMHNCC</b>            |  |                                |                                |   |
| 8.1   | Develop staffing patterns for more efficient use of nurses           | 2006                           |                                | Complete – new staffing patterns implemented                                |
| 8.2   | Implement new pay scales for retention and recruitment               | 2007                           |                                | Complete  |
| 8.3   | Review methods to recruit a psychiatrist                             |                                | 2008                           | Partial – Psychiatrist on contract  |
| 8.4   | Meet all CMS quality indicators in survey                            |                                | 2008/09                        |   |
| 8.5   | Achieve 75% or better patient-family satisfaction excellent or above |                                | 2008                           |   |
| <b>9. Improve Delivery of Treatment Services at MDCDC</b>       |  |                                |                                |   |
| 9.1   | Provide staffing to increase treatment services                      | 2007                           |                                | 1 Licensed Addiction Counselor added<br>EPP request DP 33304 modified FTE   |
| 9.2   | Increase peer support activities                                     |                                |                                |   |
| 9.3   | Train field staff to assist discharged persons                       |                                | 2009                           |   |
| 9.4   | Decrease staff concerns about safety (more staff)                    | 2007                           |                                | 5 staff added for treatment and safety<br>EPP request DP 33304 modified FTE |
| 9.5   | Increase training in DBT, co-occurring, nonviolent interventions     |                                | 2008                           |   |
| 9.6   | Achieve a program completion rate of 80%                             |                                | 2009                           |   |
| 9.7   | Maintain average daily census at 90% of licensed capacity            |                                | 2009                           |   |
| 9.8   | Train treatment staff in behaviors related to MI and SA disorders    |                                | 2008                           |   |
| 9.9   | Achieve patient satisfaction rate of 85% at good to excellent level  |                                | 2009                           |   |
| 9.10  | Collaborate w/ providers on community program expansion              |                                | 2008                           |   |
| 9.11  | Limit admissions to highest non-acute level of care                  |                                | 2009                           |   |



| <b>AMDD Strategic Plan - SFY 2005 - SFY 2009</b>                                  |  | <b>Target Date<br/>FY 06-07</b> | <b>Target Date<br/>FY 08-09</b> | <b>Status</b>                                 |
|---|--|---------------------------------|---------------------------------|---|
| 9.12  | Increase capacity to serve Department of Corrections clients         |                                 | 2009                            |   |
| 9.13  | Decrease staff injury and reduce Worker's Comp costs                 |                                 | 2009                            |   |
| <b>10. Review the Mission, Utilization and Admission Practices for Facilities</b> |  |                                 |                                 |   |
| 10.1  | Define uses and populations  |                                 |                                 |   |
| 10.2  | Determine appropriate staffing                                       |                                 |                                 |   |
| 10.3  | Fund appropriate salary levels                                       | 2007                            |                                 | Partial completion                            |
| 10.4  | Prepare legislation if needed  |                                 |                                 | Delete objective                              |
| <b>11. Develop Transition Plan for Child to Adult Services</b>                    |  |                                 |                                 |   |
| 11.1  | Formalize agreement with Health Resources Division                   |                                 | 2008                            |   |
| 11.2  | Develop "bridge" funding mechanism                                   |                                 | 2009                            |   |
| <b>12. Develop Best Practices</b>   |  |                                 |                                 |   |
| 1.1   | Provide TA to CD providers to implement best practices               |                                 | 2009                            |   |
| 1.2   | Implement strength-based CM in all MH Centers serving adults         |                                 | 2008                            |   |
| 1.3   | Evaluate new MH programs and treatment practices                     |                                 | 2009                            |   |
| 1.4   | Develop fidelity measures for DBT, strength-based CM and COD         |                                 | 2009                            |   |
| <b>13. Joint Planning And Services For Mentally Ill Offenders</b>                 |  |                                 |                                 |   |
| 1.1   | Develop collaboration with Department of Corrections - MOU           | 2007                            |                                 | Complete                                      |
| 1.2   | Hire Behavioral Health Program Facilitator                           | 2007                            |                                 | Complete<br>EPP request DP 33104 modified FTE |
| 1.3   | Provide specified beds at MCDCC for Corrections clients              | 2007                            |                                 | Complete<br>EPP request DP 33304 modified FTE |
| 1.4   | Create joint strategic plan for delivery of services to MI offenders |                                 | 2008                            | In progress                                   |
| 1.5   | Provide joint training for staff on behavioral health issues         |                                 | 2008                            | In progress                                   |
| 1.6   | Align treatment methods between DOC and DPHHS programs               |                                 | 2009                            |   |
| 1.7   | Develop joint DOC/HHS forensics treatment/exam program (STEP)        |                                 | 2008/09                         | EPP request DP 33506                          |
| <b>14. Prevention</b>   |  |                                 |                                 |   |
| 1.1   | Decrease rate of first time use of methamphetamine                   |                                 | 2009                            | EPP request DP 33204                          |





| <b>AMDD Strategic Plan - SFY 2005 - SFY 2009</b> |   | <b>Target Date</b><br>FY 06-07 | <b>Target Date</b><br>FY 08-09 | <b>Status</b>                     |
|--|---|--------------------------------|--------------------------------|-----------------------------------|
| 1.2  | Increase community prevention strategies for youth drug use         |                                | 2008                           | EPP request DP 33206 modified FTE |
| <b>15. Outreach</b>                              |   |                                |                                |                                   |
| 1.1  | Enroll tribes and urban Indian programs as Medicaid CD providers    |                                | 2009                           |                                   |
| 1.2  | Increase outreach to women with dependent children (CD)             |                                | 2009                           |                                   |
| 1.3  | Outreach to other agencies serving SDMI individuals                 |                                | 2009                           |                                   |
| <b>16. Quality Improvement</b>                   |   |                                |                                |                                   |
| 1.1  | Amend SAPT prevention contracts to payment for units delivered      |                                | 2009                           |                                   |
| 1.2  | Formalize county plan process for CD state-approved provider status |                                | 2009                           |                                   |
| 1.3  | Provide training and consultation to CD providers for QI            |                                | 2009                           |                                   |
| 1.4  | Develop/collect performance measures for Medicaid CD programs       |                                | 2009                           |                                   |

